



REQUIREMENTS FOR MEMBERSHIP

Membership with VKL is straightforward. **When you have all the documents listed below.** Telephone Marilyn Everitt-Drew our Training and Recruitment Manager on 0208 381 6254 to **MAKE AN APPOINTMENT FOR REGISTRATION**. This will ensure your application for registration is dealt with quickly and as smoothly as possible. No one can start work without providing the completed documents. I.D. badges will be processed when two references have been submitted to VKL.

- Fully completed application form with **no gaps** in employment or education history Also to include details of two professional references **one must be from recent manager** (With full names business addresses, telephone numbers)
- **Passport** / Birth certificate
- **Proof of address** / Photo ID / Driving licence
- **National Insurance Card and P45**
- **Bank/Building Society Details**
- **Payment for CRB £45.00** Enhanced Disclosure From 12th October 2009 it will be a criminal offence to employ anyone (Paid or Unpaid) in regulated activity without checking they are not on a national barred list - this means doing an enhanced CRB
- **Payment for Induction £120.00** If you are new to care you will have to complete the VKL Induction course at a cost of £120.00 Please enclose full amount with the completed application form for short courses. **Mandatory**
- **Payment for Badge £5.00** / badges will be issued when all documents have been submitted
- **Proof of Vaccinations (Hepatitis B, TB, Rubella, Tetanus, Varicella)** form enclosed **Mandatory**
- **All Training Certificates** including NVQ and any other Training certificates (Healthcare Assistants)
- **Proof of Secondary Education** Certificates or ILETS Cambridge Certificate for English (5.0 speaking and listening)
- **Employment Record (recent C.V.)**
- **NMC Pin Number** with letter of Statement of Entry (for Registered Nurses)
- If you are a student, please bring admission letter acceptance as proof

Please bring Correct Payment and Original documents when attending for an interview.



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Nursing, Health & Social Care Training Ltd

Application Form for Membership

POSITION APPLIED FOR:

RMN* RGN* Care Assistant
**must have an English NMC number in order to apply as a nurse*

Date of application:

UK STATUS

British Indefinite leave to remain/permanent Residence Student Nurse
 Dependant Work Permit Holder Student other

Valid from:

Valid Until:

Ref Number:

PERSONAL DETAILS

Title: Mr. Mrs. Miss. Ms. First Name: Surname:

Date of birth: Marital Status: Married Unmarried Divorced Separated

Current address:

City: County: Postal Code:

Email: Telephone 1: Telephone 2 (mobile):

NATIONAL INSURANCE

National Insurance Number:

NURSING QUALIFICATION *(applies to nurses only)*

Nursing Qualification: Diploma Degree Masters Higher Date of Qualification(s):

Nursing and Midwifery Council (NMC) PIN number: Date of Registration:

PASSPORT DETAILS

Nationality: Passport Number:

Date of Issue: Expiry Date:

NEXT OF KIN (IN CASE OF EMERGENCY)

Full Name: Title: Mr. Mrs. Miss. Ms.

Capacity in which the person is know to you:

Address:

City: Country: ZIP Code/Postal Code:

Email: Telephone 1: Telephone 2 (Mobile):

Employment Details

*Please give full details of work history for the previous six years, identifying any significant breaks.
Current / most recent position*

NAME AND ADDRESS OF EMPLOYER	POSITION HELD	FROM	TO	SUMMARY OF RESPONSIBILITIES TYPE AND SIZE OF UNIT

Education

NAME OF SCHOOL COLLEGE UNIVERSITY ATTENDED	FULL OR PART TIME	FROM	TO	COURSES TAKEN OR CURRENTLY STUDYING	EXAMINATION RESULTS INCLUDING GRADES

Experience

QUALIFIED NURSES ONLY									
<i>(Please tick the areas that describe your work experience)</i>									
Experience	Less than 6 months	More than 6 months	1 -2 years	2+ years	Experience	Less than 6 months	More than 6 months	1 – 2 years	2+ years
A & E					Mental Health				
Anaesthetic Trained					Midwifery				
Ante Natal					Neonatal				
Cardiac					Neurology				
Cardiothoracic					Nursing Homes				
Care of the Elderly					Occupational Health				
Chemotherapy					Ophthalmology				
Community Nursing					Orthopaedics				
Day Care Centre					Out Patients				
Day Surgery					Paediatric				
District Nursing					PICU				
Family Planning					Practice Nurse				
Gynaecology					Prisons				
Haematology					Recovery				
Health Visitors					Renal				
High Dependency Unit					Residential Homes				
Home Care					SCBU				
Hospices					School Nurse				
Hospitals					Scrub				
In Charge Duties					Stoma Care				
Intensive Care Unit					Surgical				
ITU Psychiatric					Termination Clinic				
Learning Disability					Theatre				
Medical					Urology				
Medical Assessment Unit / PAU									
HEALTH CARE ASSISTANTS ONLY									
<i>(Please tick the areas that describe your work experience)</i>									
Experience	Less than 6 months	More than 6 months	1 -2 years	2+ years	Experience	Less than 6 months	More than 6 months	1 – 2 years	2+ years
Nursing Homes					Home Care				
Residential Homes					Senior Care				
Private Homes					Catheter Care				
Hospitals					Fluid Charts				
Schools					Urinalysis				
Community Care					NVQ				
Learning Disability					Observations BP/TPR				
Mental Health					Observations				
Paediatrics					NNEB				

Rehabilitation of Offenders Act 1974 England

The provisions relating to the non-disclosure of criminal convictions do not apply to certain occupations and activities. The position for which you are applying is one which is exempted under the above order. Therefore it is necessary for you to disclose any criminal convictions, even if, under the Rehabilitation of Offenders Act, they would otherwise be regarded as "spent"

Have you ever been convicted of any criminal offence? YES / NO

Do you have any criminal charges pending? YES / NO

If you have answered yes to either of the above, please give details:

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NB. Any information disclosed will be taken into consideration but will not automatically prevent your application from proceeding. However, if you are appointed, failure to disclose any criminal conviction could lead to termination of our ability to act as your agent.

Rehabilitation of Offenders Act 1974 England

1. I confirm that the information set out in this form is true and correct, is not misleading and that no material information had been omitted. I understand and agree that if I submit any false or misleading information, this may result in any offer of registration with the agency being withdrawn, or, if already accepted in my dismissal.
2. I hereby authorise VKL Nursing Health and Social Care Training Centre Ltd. to secure all information it may require in connection with my application for registration, Subject to any specific direction I have made related to contacting my referees.
3. I confirm that I have read and understand the conditions of engagement offered by VKL Nursing Health and Social Care Training Centre Ltd. and agree to be bound by and comply with the same.
4. I have no objection to my details being held on computer records and utilised by the company in pursuit of its legitimate business.
5. I understand that my application is subject to the receipt of satisfactory references, Police clearance and any other checks (where appropriate).
6. I agree to inform VKL Nursing Health and Social Care Training Centre Ltd. of any changes or additions to the information I have supplied.

Declaration

I declare the information given in this application form is true and complete to the best of my knowledge and belief. I authorise VKL Health and Social Care Training Centre to make any other enquiries to support my application. I agree to respect the confidentiality of patients and clients and any other information I may have access to at all times.

Signed..... Date.....



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You are required to consult your GP to complete the information listed below about your immunisations prior to starting work placements with this Agency. It is your responsibility to pay for any charges your GP may make for immunisations. It is very important that you commence the immunisation course as soon as possible as it may take several months to fully complete the course.

NB. YOU MUST HAVE TB AND RUBELLA SCREENING AND HAVE COMMENCED THE HEPATITIS B COURSE BEFORE YOU WILL BE ALLOWED TO WORK. IN ADDITION YOU MUST NOT HANDLE BLOOD AND BODY FLUIDS UNTIL YOU HAVE COMPLETED THE HEPATITIS B COURSE AND HAD A BLOOD TEST FOR HEPATITIS ANTIBODIES.

NAME OF APPLICANT _____

DATE OF BIRTH _____

VACCINATION	DATE	BOOSTER DATE	GP'S NAME (BLOCK CAPITALS) AND SIGNATURE
HEPATITIS B	1		
	2		
	3		
Varicella			
Rubella			
Tuberculosis			
Tetanus			

SCREENING	DATE	RESULT	GP'S NAME (BLOCK CAPITALS) AND SIGNATURE
Post vaccination Hepatitis B antibodies			
Varicella Zoster Virus Antibodies (if not had chicken pox)			
Rubella Antibodies			
TB screening (heaf/mantoux/tine) only if no BCG scar			

IF YOU DO NOT ALREADY HAVE PROOF OF ALL OF THE ABOVE IMMUNISATIONS PLEASE SEND COMPLETED FORM WITH YOUR APPLICATION FOR EMPLOYMENT.

OFFICIAL SURGERY STAMP
